ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
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| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | | | |
| | | | |

Best Available Copy

## INDEX OF CLAIMS

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| = | .............................. Allowed | I | .............................. Interference |
| — | (Through numeral)... Canceled | A | .............................. Appeal |
| ÷ | .............................. Restricted | O | .............................. Objected |

| Claim (Final / Original) | Date | Claim (Final / Original) | Date | Claim (Final / Original) | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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